

not forgotten the remaining parts of the premise, that is, controlled experimentation and modification? Granted some advances are made, but the comment that persistently accompanies these advances is "The change may have been late in coming but at least it's here."

Is it not about time that we tried to keep up with this period of rapid change? This is not to say that we should forget about careful planning; on the contrary, let us plan carefully but let us not beat an idea into the ground on paper. Form the

basis of an idea, try it with controlled experimentation, and then make the necessary modifications. It is well documented that many life-saving procedures and drugs have worked in practice even though the reasons for their effectiveness could not be accounted for on paper at the time. Only after detailed observation of the process at work could be deduced why they were effective. Could the same idea not be applied to medical education?

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RHEUMATOID ARTHRITIS

To the Editor:

In replying to Dr. Taylor's letter (*Canad. Med. Ass. J.*, 101: 4, 499, 1969) concerning the frequency of rheumatoid arthritis, I quite agree that there are other common rheumatic diseases that cause disability and that several of these are more common than rheumatoid arthritis. Moreover, I certainly concur that these rheumatic diseases require increased study and understanding. However, I do believe that most rheumatologists would sooner eradicate rheumatoid arthritis than any other rheumatic disease and that this disease causes a greater total aggregate of human-years of disability and misery than any other rheumatic disease; thus one child with severe rheumatoid arthritis suffers more discomfort and misery than do dozens of cases of osteoarthritis or vertebral disc degeneration.

I do not think my statistics on the disability caused by rheumatoid arthritis are grossly distorted, if one includes as part of the disability loss of time from work, interference with normal living and recreational activities, disturbance of normal family life and decrease of proper ability to handle households and children.

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RELATIVE TERMS

To the Editor:

The short communication presenting "The Credit Side of the Journal" (*Canad. Med. Ass. J.*, 101: adv. p. 25, Sept. 6, 1969) states: "Prior to publication, what each advertisement says is reviewed for accuracy, for suitability, for honesty in copy and art."

In the same issue of the Journal (adv. pp. 20 and 21), the advertisement for Tandearil (oxyphenbutazone) states: "Side effects: Serious reactions are uncommon" and "lesser risk of serious side effects than with equipotent therapy."

In 1965 in England and Wales, 150 deaths were attributed to medication (*Brit. Med. J.*, 1: 724, 1968) and these were subdivided as follows: corticosteroids (50); phenylbutazone and oxyphenbutazone (20); anticoagulants (18); chloramphenicol (5); phenacetin (5); acetylsalicylic acid (4); penicillin (3); and tetracyclines (3).

When it is stated that "serious reactions are uncommon", it must be remembered that such statements are not tantamount to safety and that "uncommon" is relative.

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